

**Commonwealth of Kentucky**  
**Department of Insurance - Agent Licensing Division**  
**P. O. Box 517 - Frankfort, Ky. 40602**  
**502-564-6004   <http://doi.ppr.ky.gov/>**

**FINANCIAL RESPONSIBILITY ERRORS & OMISSIONS**  
**(Form 99-1)**

This form is available only to admitted insurers or approved E&O carriers. If you are an authorized insurer or carrier, please send your written request for this form to:

Kentucky Department of Insurance  
Agent Licensing Division  
Attn: Financial Responsibility  
P. O. Box 517  
Frankfort, KY 40602

Or you may submit your written request via e-mail to:

[DOIAgentLicensingMail@mail.state.ky.us](mailto:DOIAgentLicensingMail@mail.state.ky.us).

The Errors & Omissions policy may be used to satisfy financial responsibility requirements for licensees, as required by KRS 304.9-105(6), 304.9-330(1), 304.10-140(1), and 304.15-700(4). This certificate ensures that the insurer has and will keep in effect on behalf of the licensee a policy of insurance for the statutorily required amount covering the legal liability of the licensee as the result of erroneous acts or failure to act in his or her capacity as a licensee, and enuring to the benefit of any aggrieved party, and that the policy shall not be terminated unless at least thirty (30) days prior written notice will have been given to the Commissioner. Notice to the Commissioner shall be deemed to have been given on the date the Department receives completed Form 99-5.

Please visit our Web site at [doi.ppr.ky.gov](http://doi.ppr.ky.gov) to confirm that the Department has received your Form 99-1 and entered it into the Department's records for the named licensee.